

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: \_\_\_\_\_

Chapter: \_\_\_\_\_

Adv. No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Judge: \_\_\_\_\_

**CERTIFICATION OF SERVICE**

1. I, \_\_\_\_\_ :

☐ represent \_\_\_\_\_ in this matter.

☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
\_\_\_\_\_ in this matter.

☐ am the \_\_\_\_\_ in this case and am representing myself.

2. On \_\_\_\_\_, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

# **Exhibit “A”**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. New Century Financial Services  
110 S. Jefferson Road, Suite 104  
Whippany, New Jersey 07981



9590 9402 5175 9122 3236 28

2. Article Number (Transfer from service label)  
7019 0700 0001 2025 5946

PS Form 3811, July 2015 PSN 7530-02-000-9053

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- ☐ Agent
- ☐ Addressee
- ☐ Yes
- ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7019 0700 0001 2025 5946

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

To

\$

Se

Str

City

New Century Financial Services  
110 S. Jefferson Road, Suite 104  
Whippany, New Jersey 07981

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

New Century Financial Services  
c/o Resurgent Capital Services  
P.O. Box 10497  
Greenville, South Carolina 29603

2. Barcode

9590 9402 5175 9122 3236 11

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X D. Reynolds** ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
**D. Reynolds**

C. Date of Delivery  
**FEB 18 2021**

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$

Total \$

New Century Financial Services  
c/o Resurgent Capital Services  
P.O. Box 10497  
Greenville, South Carolina 29603

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions